V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14426

Registration District No. 305 Primary Registration District No. 4452 Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Wentzville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
(c) City or town Wentzville 72
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 1
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hellen Johanna Masman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Massman
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased June (Month) 12 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
41	9	25	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 1 (State or foreign country)
10. Usual occupation Home Work
11. Industry or business
FATHER
12. Name Fred Martin
13. Birthplace Harvester (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Kline
15. Birthplace — (City, town, or county) Austria (State or foreign country)
16. (a) Informant Fred Massman
(b) Address Wentzville, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville, Mo.
18. (a) Signature of funeral director Elftman
(b) Address Wentzville, Mo.
19. (a) 4-27-45 (Date received local registrar) Gertrude S. Tenstell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 5 year 1945 hour 1:00 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 15, 1945 to Apr. 4, 1945 that I last saw her alive on 4/4/45, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Primary Carcinoma of Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Primary Carcinoma of Liver
Of autopsy 46 A

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature H. C. McMurray (M. D. or other) MD
Address Wentzville, Mo Date signed 4/6/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-1-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed P. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Westville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.